



SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449
SUMTER, SOUTH CAROLINA 29151
(803) 774-1600



APPLICATION FOR ZONING RECLASSIFICATION ☐ CITY ☐ COUNTY

Applicant's Name _____

Applicant's Address _____
Street _____
City _____ State _____ Zip _____ Phone _____

Owner's Name
(This must be filled in) _____

Owner's Address
(This must be filled in) _____
Street _____
City _____ State _____ Zip _____ Phone _____

Tax Map No. _____ Size of Parcel(s) _____

Property Location _____

Present Zoning/Use _____ Proposed Zoning/Use _____

Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit? ☐ Yes ☐ No

Use of Adjacent Property North _____ East _____
South _____ West _____

Size of Development _____

Remarks _____

Applicant / Agent Signature _____ Date _____

CERTIFICATION
I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Property Owner or Authorized Agent Name, Signature and Date

- APPLICATION MUST:**
- ◆ Be submitted 22 days prior to next scheduled Planning Commission meeting
 - ◆ Include a detailed site plan
 - ◆ Include building plans of the proposed development
 - ◆ Include an application fee of \$100.00 (City or County)

OFFICE USE:	
Date Fee Paid _____	Amount Paid _____
Reviewed By _____	Meeting Date _____